

# Context Consultants

---

## Therapy Agreement

I understand that therapy sessions for me and/or my children are strictly confidential with the following exceptions:

- My therapist must honor court subpoenas that require the release of specified information.
- My therapist may take professional action to protect those in immediate danger of physical harm.
- My therapist is mandated by Florida law to report suspected child or elder abuse or neglect.
- My therapist may share information with me from my children's therapy sessions if he or she believes that my children are in imminent danger.

Email and texts are not secure (encrypted) forms of communication. If I initiate their use for scheduling or updating appointments, my therapist will follow suit; however, he or she will not use them for communicating about personal matters.

I understand that my therapist is not available 24 hours a day and that in a crisis situation I should call First Call for Help (954) 537-0211, the Henderson Crisis Walk-in Center or Mobile Crisis Response Team (954-463-0911), or 911.

I understand that payment for services is due at the time of service. Payment can be made with cash, personal check, or credit card. I understand I will be charged \$20.00 for returned checks.

I agree to notify my therapist at least 24 hours in advance should I need to cancel an appointment. If I fail to do so, I understand that I will be charged a \$50 late cancellation fee, payable at or before my next appointment.

I understand that if my therapist is asked or required to provide a summary of my records, he or she will charge a minimum of his or her one-hour fee, which must be paid prior to the records being sent.

I understand that the fee for service is \$180 for a 50-minute appointment (\$270 for a 75 minute appointment). The same fee (prorated) is charged for between-session telephone consultations lasting longer than five minutes.

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date